MITCHELL MANOR

5301 WEST LINCOLN AVENUE

WEST ALLIS 53219 Phone: (414) 615-7	7200	Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation	on: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/02):	74	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	74	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	73	Average Daily Census:	71
**********	******	**********	******
Services Provided to Non-Residents Age,	Sex, and Prima	ry Diagnosis of Residents (12/31/02)	Length of Stay (12/31/0

	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)						
No No			Age Groups	 %		39.7 50.7		
Supp. Home Care-Personal Care No Supp. Home Care-Household Services No			Under 65 0.0			9.6		
Day Services No		Mental Illness (Org./Psy)						
Respite Care No		8.2	75 - 84	30.1		100.0		
Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	63.0	********	*****		
Adult Day Health Care No		Quadra-, Hemiplegic 0.0 95 & Over 5.5 Full-Time Eq				quivalent		
Congregate Meals No		Cancer 4.1			Nursing Staff per 100 R	esidents		
Home Delivered Meals No		0.0		100.0	(12/31/02)			
No	Cardiovascular	16.4	65 & Over	100.0				
No	Cerebrovascular	4.1			RNs	10.2		
No	Diabetes	1.4	Sex	%	LPNs	16.3		
No	Respiratory	Respiratory 2.7			Nursing Assistants,			
	Other Medical Conditions	24.7	Male	24.7	Aides, & Orderlies	56.5		
No			Female	75.3				
		100.0						
Developmentally Disabled No				100.0	I			
	No N	No Primary Diagnosis No No Developmental Disabilities No Mental Illness (Org./Psy) No Mental Illness (Other) Yes Alcohol & Other Drug Abuse No Para-, Quadra-, Hemiplegic No Cancer No Fractures No Cardiovascular No Cerebrovascular No Diabetes No Respiratory	No Primary Diagnosis % No No Developmental Disabilities 0.0 No Mental Illness (Org./Psy) 38.4 No Mental Illness (Other) 8.2 Yes Alcohol & Other Drug Abuse 0.0 No Para-, Quadra-, Hemiplegic 0.0 No Cancer 4.1 No Fractures 0.0 No Cardiovascular 16.4 No Cerebrovascular 4.1 No Diabetes 1.4 No Respiratory 2.7 Other Medical Conditions 24.7 No 100.0	No Primary Diagnosis	No Primary Diagnosis	No Primary Diagnosis		

Method of Reimbursement

		edicare			edicaid itle 19			Other]	Private Pay	:	E	Tamily Care			anaged Care	! 		
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	2	7.1	164	0	0.0	0	0	0.0	0	2	2.7
Skilled Care	8	100.0	310	30	88.2	117	0	0.0	0	26	92.9	164	2	66.7	117	0	0.0	0	66	90.4
Intermediate				4	11.8	96	0	0.0	0	0	0.0	0	1	33.3	117	0	0.0	0	5	6.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		34	100.0		0	0.0		28	100.0		3	100.0		0	0.0		73	100.0

MITCHELL MANOR

Admissions, Discharges, and		ution of Residents'	Conditions,	Services, and Activit	ies as of 12/31/02						
Deaths During Reporting Period											
			% Nee	2	Tot						
Percent Admissions from:	Activities of			nce of % Tot	tally Numbe						
Private Home/No Home Health	0.0 Daily Living (AD	L) Independent	One Or T	wo Staff Deper	ndent Resid	ents					
Private Home/With Home Health	4.3 Bathing			.1	1.9 73	,					
Other Nursing Homes		8.2	67	.1	4.7 73	,					
Acute Care Hospitals	62.3 Transferring	30.1	49	.3	0.5 73	,					
Psych. HospMR/DD Facilities	2.9 Toilet Use	12.3	54	.8	2.9 73	,					
Rehabilitation Hospitals	1.4 Eating	60.3	19	.2	0.5 73	,					
Other Locations	23.2 ************	******	*****	*****	******	*****					
Total Number of Admissions	69 Continence		% Spe	cial Treatments		%					
Percent Discharges To:	Indwelling Or E	xternal Catheter	15.1 R	eceiving Respiratory Ca	are 6	5.8					
Private Home/No Home Health	0.0 Occ/Freq. Incon	tinent of Bladder	65.8 R	eceiving Tracheostomy (Care 0	0.0					
Private Home/With Home Health	14.9 Occ/Freq. Incon	tinent of Bowel	49.3 R	eceiving Suctioning	0	0.0					
Other Nursing Homes	7.5		R	eceiving Ostomy Care	1	. 4					
Acute Care Hospitals	3.0 Mobility		R	eceiving Tube Feeding	4	.1					
Psych. HospMR/DD Facilities	3.0 Physically Rest	rained	6.8 R	eceiving Mechanically A	Altered Diets 35	5.6					
Rehabilitation Hospitals	0.0										
Other Locations	17.9 Skin Care		Oth	er Resident Characteris	stics						
Deaths	53.7 With Pressure S	ores	11.0 H	ave Advance Directives	100	. 0					
Total Number of Discharges	With Rashes		0.0 Med	ications							
(Including Deaths)	67		R	eceiving Psychoactive I	Drugs 58	3.9					

		Ownership: Proprietary		Ownership: Bed Size:			ensure:			
	This			50	-99	Ski	lled	Al	1	
	Facility	Peer	Peer Group % Ratio		Peer Group		Peer Group		lities	
	olo	olo			Ratio	ଖ	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.9	81.9	1.17	86.7	1.11	84.2	1.14	85.1	1.13	
Current Residents from In-County	100	83.1	1.20	90.3	1.11	85.3	1.17	76.6	1.30	
Admissions from In-County, Still Residing	42.0	18.8	2.24	20.3	2.07	21.0	2.00	20.3	2.07	
Admissions/Average Daily Census	97.2	182.0	0.53	186.6	0.52	153.9	0.63	133.4	0.73	
Discharges/Average Daily Census	94.4	180.8	0.52	185.6	0.51	156.0	0.60	135.3	0.70	
Discharges To Private Residence/Average Daily Census	14.1	69.3	0.20	73.5	0.19	56.3	0.25	56.6	0.25	
Residents Receiving Skilled Care	93.2	93.0	1.00	94.8	0.98	91.6	1.02	86.3	1.08	
Residents Aged 65 and Older	100	87.1	1.15	89.2	1.12	91.5	1.09	87.7	1.14	
Title 19 (Medicaid) Funded Residents	46.6	66.2	0.70	50.4	0.92	60.8	0.77	67.5	0.69	
Private Pay Funded Residents	38.4	13.9	2.76	30.4	1.26	23.4	1.64	21.0	1.82	
Developmentally Disabled Residents	0.0	1.0	0.00	0.8	0.00	0.8	0.00	7.1	0.00	
Mentally Ill Residents	46.6	30.2	1.54	27.0	1.72	32.8	1.42	33.3	1.40	
General Medical Service Residents	24.7	23.4	1.05	27.0	0.91	23.3	1.06	20.5	1.20	
Impaired ADL (Mean)	51.2	51.7	0.99	48.9	1.05	51.0	1.00	49.3	1.04	
Psychological Problems	58.9	52.9	1.11	55.5	1.06	53.9	1.09	54.0	1.09	
Nursing Care Required (Mean)	7.4	7.2	1.02	6.8	1.09	7.2	1.02	7.2	1.02	